**Superior Court of Washington, County of**

|  |  |
| --- | --- |
| In the Guardianship/Conservatorship of:    Individual | **No.**  **Order Approving Guardian/Conservator’s Plan** (ORAPRT)  [ ] **Clerk’s Action Required: 1** |

**Order Approving Guardian/Conservator’s Plan**

**1. Summary**

[X] Due Date for Report:

[ ] Other (Date and Purpose):

Based upon the motion of the guardian and/or conservator, the guardian and/or conservator’s Plan, and the documents filed with the motion***, the court makes the following findings of fact:***

**2. Acts of Guardian/Conservator**

All acts required of the guardian/conservator to date have been performed.

**3. Notice**

Notice has been properly provided to persons entitled to notice of this presentation and 30 days have passed since the *Guardian/Conservator’s Plan* was filed with the court.

**4. Guardian/Conservator’s Plan**

The proposed *Guardian/Conservator’s Plan* is reasonable and appropriate to the needs of the Individual and should be approved.

**5. Objections**

There [ ] were [ ] were not objections filed to the *Guardian/Conservator’s Plan* by notice parties or the Individual.

## **The Court Orders:**

**6. Approval Guardian/Conservator’s Plan**

The guardian and/or conservator’s plan is approved.

**7. Budget**

The guardian/conservator is authorized to continue to receive the Individual’s income and to apply the income and other resources toward the Individual’s expenses:

|  |  |
| --- | --- |
| Room and Board | $ |
| Medical | $ |
| Rent/Mortgage | $ |
| Personal and Incidental Expenses | $ |
| Food and Household Expenses | $ |
| Utilities | $ |
| Guardian/Conservator Fees | $ |
| Other | $ |
| Total Monthly Expenditures | $ |

**8. Outstanding Obligations of the Estate**

The conservator shall be authorized to arrange payment schedules with the creditors of the conservatorship estate for delinquent and past due payments.

**9. Medical and Dental Expenses**

The conservator is authorized to incur and pay reasonable and necessary medical and dental expenses that they determine to be in the Individual’s best interest.

**10. Income Tax Payments/Accounting Fees**

The conservator is authorized to make payments for income tax due as required, and to pay fees for accounting services required in connection with the preparation of income tax returns.

**11. Miscellaneous Expenses**

The conservator is authorized to pay all expenses incurred by way of fees of the Clerk of the Court, together with additional expenses incurred up to the amount of **$50.00** per monthin connection with this conservatorship.

**12. Report Due Date**

The *Guardian/Conservator’s Report* shall be filed and submitted to the Court for approval not later than (90 days after the first anniversary of the appointment of the conservator).

**13. Bond**

Bond is currently set in the amount of $ . The amount of the bond [ ] shall not be changed [ ] shall be changed to $ .

**14. Guardian/Conservator Fees**

The guardian/conservator is allowed to advance a monthly fee up to $ . This advance is approved for the next 12 months, and 90 days thereafter, from the date of appointment of the guardian/conservator to . Such fees are subject to review and approval by the Court at the next regular reporting. No presumption that these fees will be approved as reasonable is created by this authorization for an advance. Amounts shall be advanced only for actual services provided, and costs actually incurred. Interim guardian/conservator fees in the amount of $ for services rendered and administrative costs (DSHS cases only) of $ between and are reasonable and approved.

[ ] DSHS cases. The above fees and costs are approved for payment as a monthly deduction from the Individual’s participation in the DSHS cost of care per   
WAC 182-513-1530.

[ ] Non-DSHS cases. The above fees are approved for payment from the guardianship/conservatorship estate assets.

**15. Attorney Fees and Costs**

Attorney fees in the amount of $ and costs in the amount of $ are hereby approved as reasonable. They shall be paid from:

[ ] the Individual’s participation in the DSHS cost of care per WAC 182-513-1530.

[ ] guardianship/conservatorship estate assets.

**16. Other**

**Dated**

**Judge/Court Commissioner**

Signature of Guardian/Conservator/Lawyer Printed Name WSBA or CPG No: